

90
8
5
4
6
0
110

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | SERIAL NO. | FILING DATE | |
|---|----------|-----|---------------------|-----|---------------------|--------------|-------------|-----|
| | | | | | | APPLICANT(S) | | |
| CLAIMS | | | | | | | | |
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | | |
| | IND | DEP | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | | | | | 10 | |
| 2 | | 1 | | | | | 10 | |
| 3 | 1 | | | | | | 1 | |
| 4 | | 1 | | | | | 1 | |
| 5 | 1 | | | | | | 1 | |
| 6 | | 1 | | | | | 1 | |
| 7 | 1 | | | | | | 1 | |
| 8 | | 1 | | | | | 1 | |
| 9 | 1 | | | | | | 1 | |
| 10 | | 1 | | | | | 1 | |
| 11 | 1 | | | | | | 1 | |
| 12 | | 1 | | | | | 1 | |
| 13 | 1 | | | | | | 1 | |
| 14 | | 1 | | | | | 1 | |
| 15 | 1 | | | | | | 1 | |
| 16 | | 1 | | | | | 1 | |
| 17 | 1 | | | | | | 1 | |
| 18 | | 1 | | | | | 1 | |
| 19 | 1 | | | | | | 1 | |
| 20 | | 1 | | | | | 1 | |
| 21 | 1 | | | | | | 1 | |
| 22 | | 1 | | | | | 1 | |
| 23 | 1 | | | | | | 1 | |
| 24 | 1 | | | | | | 1 | |
| 25 | | 1 | | | | | 1 | |
| 26 | 1 | | | | | | 1 | |
| 27 | | 1 | | | | | 1 | |
| 28 | 1 | | | | | | 1 | |
| 29 | | 1 | | | | | 1 | |
| 30 | 1 | | | | | | 1 | |
| 31 | | 1 | | | | | 1 | |
| 32 | 1 | | | | | | 1 | |
| 33 | 2 | | | | | | 1 | |
| 34 | 2 | | | | | | 1 | |
| 35 | 2 | | | | | | 1 | |
| 36 | 2 | | | | | | 1 | |
| 37 | 1 | | | | | | 1 | |
| 38 | 10 | | | | | | 1 | |
| 39 | 10 | | | | | | 1 | |
| 40 | 1 | | | | | | 1 | |
| 41 | | 1 | | | | | 1 | |
| 42 | 1 | | | | | | 1 | |
| 43 | | 1 | | | | | 1 | |
| 44 | 1 | | | | | | 1 | |
| 45 | | 1 | | | | | 1 | |
| 46 | 1 | | | | | | 1 | |
| 47 | | 1 | | | | | 1 | |
| 48 | 1 | 1 | | | | | 1 | |
| 49 | | 10 | | | | | 1 | |
| 50 | | 10 | | | | | 1 | |
| TOTAL IND. | 10 | | | | | | | |
| TOTAL DEP. | 331 | | | | | | | |
| TOTAL CLAIMS | 341 | | | | | | | |

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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